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AUG 2 5 2005

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FACSIMILE COVER SHEET

Date: August 25, 2005 umber of pages18including this sheet. Filing Date: 7/3/2001 Docket Due Date(s): 8/25/2005 Issue Fee Transmittal Notice of Appeal Petition for: Request for Continued Examination (RCE)			
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Petition for:Request for Continued Examination (RCE)			
Request for Continued Examination (RCE)			
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Penly Brief / pgs)			
Reply Brief (pgs)			
Request & Certification Under 35 USC 122(b)(2)(B)(i)			
☐ Request to Rescind Previous Nonpublication Request			
☐ Response to Notice of Missing Parts & Formalities Letter			
Response to Written Opinion (pgs)			
☐ Terminal Disclaimer			
□ Transmittal of Publication Fee Due			
Transmittal Letter			
RANSMISSION (37 CFR 1.8A)			
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8/25/2005 Date

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AUG 2 5 2005

		Complete If Kno	W71		
FEE TRANSMITTAL	Application Number	09/898,568			
for FY 2005	Filing Date	July 3, 200			
Patent fees are subject to annual revision.	First Named Inventor	Arvind Gur	Arvind Gupta		
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Tuan A. Vu	1		
	Art Unit	2193			
TOTAL AMOUNT OF PAYMENT (\$) 1,540.00	Attorney Docket No.	42390P1113	9		
METHOD OF PAYMENT (check all that apply)					
Check Credit card Money Order None Other (please identify):					
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
Charge any additional fee(s) or underpayment of fee(s)					
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	•				
FEE CALCULATION					
1. EXTRA CLAIM FEES For Feeting					
7. EXTRA CLIGHT FEES Bates Feetron Chime below Fee Pald					
Total Claims 24 22 2 X 50.00 = \$100.00	i				
Independent 5 4" = 1 x 200.00 = \$200.00		•			
Multiple Dependent					
Largo Erity Small Erity					
Feo Feo Feo Feo <u>Feo Description</u> Code (\$) Code (\$)					
1202 50 2202 25 Ctalms tn excess of 20					
1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple Dependent claim, if not paid					
1204 300 2204 150 "Reissue independent claims over original patent "or number previously paid, if greater, For Reissue, see below					
1205 300 2205 150 "Retisue crams in excess or 20 and over original patent					
2. ADDITIONAL FEES Large Entity Small Entity		•			
Large Entity Small Entity Fee Fee Fee Fee					
Code (4) Code (4) Fee Description		Fee	Pald		
1051 130 2051 65 Surcharge - late filing fee or oath	1		_		
1052 50 2052 26 Surcharge - late provisional filling fee or cover sh 2053 130 2053 130 Non-English specification	icut.	<u> </u>			
1261 120 2251 60 Extension for reply within first month		-			
1252 450 2252 225 Extension for repty within second month 1253 1,020 2253 510 Extension for repty within third month	•	4:	50.00		
1254 1,590 2254 795 Extension for reply within fourth month					
1255 2,160 2255 1,080 Extension for reply within fifth month 1401 500 2401 250 Notice of Appeal	•	·	 -[•	
1402 500 2402 250 Filing a brief in support of an appeal					
1403 1,000 2403 500 Request for oral hearing 1451 1,510 2451 1,510 Pelition to institute a public use proceeding					
1460 130 2460 130 Patitions to the Commissioner					
1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1808 180 1808 180 Submission of Information Disclosure Stmt				•	
. 1809 790 1809 395 Filing a submission after final rejection (37 CFR § 1.129(e))					
1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) Other fee (specify) Request for Continued Examination - RCE (\$790)					
Other fee (specify) Request for Continued Examination - RCE (\$780) SUBTOTAL (2) (\$) 1,240.00					
SUBMITTED BY	Registration No.			lete (if applicable)	
Name (Print/Type) Paul A. Mendonsa	(Attorney/Agent)	42,879	Telephone	(503) 439-8778	
Signature Wand A Wandong			Date	08/25/05	

Based on PTO/SB/17 (12-04) as ricodilied by Blakely, Sokoloff, Teylor & Zafman (wir) 12/15/2004. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450